

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18713

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2671</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>5 D 4 Hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Windsor</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Rt 3</u> <u>0420</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mervin Monroe</u> b. (Middle) <u>Hix</u> c. (Last) _____		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>21</u> (Year) <u>55</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	
8. DATE OF BIRTH <u>8-22-46</u>		9. AGE (in years last birthday) <u>8</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Flavel Hix</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Charleston</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flavel Hix, Windsor, Mo. Rt 3</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Varicella</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>087X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>6-15</u> , 19 <u>55</u> , to <u>6-21</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.		23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>1710 Independence Ave. K.C. Mo.</u>		23c. DATE SIGNED <u>6-21-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 21 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) <u>WINDSOR MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer</u>		ADDRESS <u>1331. BROWN CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-22-55</u>		REGISTRAR'S SIGNATURE <u>newman</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert F. Savage*

Licensed Embalmer No. *481*

P. O. Address *Amherst*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.